

2005 FORM MO-NFT

Only complete if your corporation's assets are less than or equal to \$1,000,000.

NO FRANCHISE IAX DUE		MO-NFT	4,		
LAST NAME	FIRST NAME	MI	SOCIAL SECURIT	SOCIAL SECURITY NUMBER	
LAST NAME	FIRST NAME	MI	SPOUSE'S SOCIA	SPOUSE'S SOCIAL SECURITY NUMBER	
CITY		TATE		ZIP CODE	
tioned to Missouri a Note: If a corporation	ax Liability — Check this box are less than or equal to \$1,000 fails or neglects to file a Missouri cor	,000. \square	tax report pu	rsuant to Chapter 147, the	
Director of Revenue wi	III notify the Secretary of State to begin	n administrative di	ssolution proc	eedings.	
Complete t	he information below. (Each corporat	ion must complete	a separate F	orm MO-NFT.)	
PERIOD BEGINNING PERIOD ENDING			EET DATE (MMDDYY)		
CORPORATION NAME		MITS/MO I.D. NUMBER			
CHARTER NUMBER	F	EDERAL ID NUMBER			
SIGNATURE OF OFFICER			DATE SIGNED)	
TITLE OF OFFICER			PHONE NUMI	BER	
MO 860-3013 (11-2005)	For Privacy Notice, se	ee the instructions.			

MISSOURI DEPARTMENT OF REVENUE NO FRANCHISE TAX DUE		2005 FORM MO-NFT	On	Only complete if your corporation's assets are less than or equal to \$1,000,000.			
LAST NAME FIRS	T NAME	МІ	S	SOCIAL SECURITY NUMBER			
LAST NAME FIRS	T NAME	МІ	S	SPOUSE'S SOCIAL SECURITY NUMBER			
CITY	S	TATE			ZIP CODE		
Zero Franchise Tax Liability — Check this box if your CORPORATION'S assets in or apportioned to Missouri are less than or equal to \$1,000,000.							
Note: If a corporation fails or neglects to file a Missouri corporation franchise tax report pursuant to Chapter 147, the Director of Revenue will notify the Secretary of State to begin administrative dissolution proceedings.							
Complete the information below. (Each corporation must complete a separate Form MO-NFT.)							
PERIOD BEGINNING	PERIOD ENDING			BALANCE SHEET DATE (MMDDYY)			
CORPORATION NAME		MITS/MO I.D. NUMBER					
CHARTER NUMBER		FEDERAL ID NUMBER					
SIGNATURE OF OFFICER			DATE SIGNED				
TITLE OF OFFICER				PHONE NUMB	ER		